

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office COMBINED DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	21901-07984
	First Named Inventor	William A. Burkland
	COMPLETE IF KNOWN	
	Application Number	not yet known
	Filing Date	
	Group Art Unit	not yet known
	Examiner Name	not yet known

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A FILTER FOR DIGITALLY PROCESSING AN ANALOG INPUT SIGNAL WITH ANALOG FEEDBACK

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

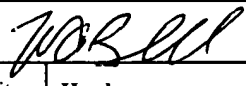
☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto.

DECLARATION			Page 2
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.			
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.			

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:			
Name Albert C. Smith	Registration Number 20,355	Name Eileen A. Lehmann	Registration Number 39,272
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.			
Please direct all correspondence to: Eileen A. Lehmann Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041 U.S.A.			
Telephone	(650) 335-7246	Fax	(650) 938-5200

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	WILLIAM	Middle Initial	A.	Family Name	BURKLAND	Suffix	
Inventor's Signature					Date	4-8-04	
Residence: City	Huxley	State	IA	Country	USA	Citizenship	USA
Mailing Address	408 N. Park Blvd.						
Mailing Address							
City	Huxley	State	IA	Zip	50124	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	JONATHAN		Middle Initial	S.	Family Name	McCALMONT		Suffix	
Inventor's Signature	<i>Jonathan S. McCalmont</i>					Date	April 8, 2004		
Residence: City	Ames		State	IA	Country	USA		Citizenship	USA
Mailing Address	3522 Annear Street								
Mailing Address									
City	Ames		State	IA	Zip	50014		Country	USA
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Mailing Address									
Mailing Address									
City			State		Zip			Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Mailing Address									
Mailing Address									
City			State		Zip			Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Mailing Address									
Mailing Address									
City			State		Zip			Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									